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IN REPLY REFER TO

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14 Feb 03

From: Chief, Bureau of Medicine and Surgery

Subj: IMPLEMENTATION OF THE POST-DEPLOYMENT HEALTH CLINICAL PRACTICE GUIDELINE

Ref: DoD/VA Clinical Practice Guideline for Post-Deployment Health Evaluation and Management

Encl: (1) ASD(HA) memo 29 April 02
(2) Implementation Guidance

1. The Post-Deployment Health (PDH) Guideline was developed in response to a Department of Defense/Veterans Affairs (DoD/VA) commissioned study of the care of Gulf-War veterans released by the Institute of Medicine in 1998, which recommended a "uniform approach" and a "focus [of the] evaluation and care of deployed forces at the primary care-level." The DoD and VA completed the PDH Guideline in June 2000 and then pilot tested it at several military sites, including NAVHOSP Camp Lejeune.

2. The chief aim of the PDH Guideline is to promote appropriate risk communication and health care to active duty members and their families following deployment.

3. The PDH Guideline has been mandated for use in all DoD Military Treatment Facilities (MTFs) per enclosure (1). Implementation was begun earlier this year with a satellite VTC and toolkit distribution both of which were received by many Navy MTFs. The satellite broadcast, PDH Guideline and implementation toolkit are available at www.pdhealth.mil. It is expected that all Navy MTFs are implementing the PDH Guideline and will continue to ensure this guideline is being followed.

4. Enclosure (2) provides more detailed guidance for implementing the PDH Guideline. The point of contact for guideline is Mr. Steve Heaston at heastons@nehc.med.navy.mil or 757-953-0962.

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NAVY IMPLEMENTATION GUIDANCE FOR DoD/VA POST-DEPLOYMENT HEALTH CLINICAL PRACTICE GUIDELINE

1. References

a. OASD(HA) Policy Memorandum, 02-007, *Implementation of the Post-Deployment Health Clinical Practice Guideline,* 29 April 02

b. OASD(HA) memorandum, *Implementation of the Department of Defense/Veteran Affairs Post-Deployment Health Evaluation and Management Clinical Practice Guideline,* 7 Dec 01

c. Office of the Chairman of the Joint Chiefs of Staff memorandum, *Updated Procedures for Deployment Health Surveillance and Readiness,* 01 Feb 02

d. OASD(HA) memorandum, *Realignment of the Comprehensive Clinical Evaluation Program (CCEP), Transition to the DoD Deployment Health Clinical Center (DHCC)*

2. Background

a. With the release of the PDH Guideline, all individuals who present with health concerns felt by the individual to be related to deployment will now be exclusively managed and tracked using the procedures outlined in the PDH Guideline as supported through the Deployment Health Clinical Center (DHCC). The Comprehensive Clinical Evaluation Program (CCEP), the DoD/VA program previously established to manage Gulf-War veterans with deployment-related health concerns, is now realigned under the DHCC.

b. The DHCC is the program office responsible for supporting clinicians managing patients with deployment-related concerns and for providing consultation to clinicians and administrative support to patients.

3. Goals of the PDH Guideline - The PDH Guideline was designed to achieve appropriate care for patients with post-deployment health concerns who receive care in DoD and VA primary care clinics. Consistent with this purpose, the expert panel members identified the following goals to guide selection of monitoring indicators:

a. Ensure that post-deployment patients have access to needed health care

b. Meet the needs of the patients being treated for post-deployment health concerns

c. Perform appropriate evaluations of patients with symptoms that may be deployment related

d. Achieve improvements in functional status for post-deployment patients with symptoms

4. MTF Implementation Actions

a. Responsibility — The MTF Commander is responsible for ensuring appropriate care is provided to all individuals with deployment-related health concerns and that all related policies are implemented. The MTF Commander may delegate this authority via the Executive Steering Committee (ESC) to a PDH Guideline Implementation Team.

b. PDH Guideline Implementation Team — Effective guideline implementation requires a multidisciplinary team. Members of such a team may include the following:

(1) PDH Guideline Physician Champion — This individual serves as the primary POC for clinical staff, ESC and Commanding Officer. The Champion should be competent in risk communication skills.

(2) PDH Guideline Facilitator — This person serves as group facilitator and provides technical and administrative support to the guideline champion.

(3) Representative Clinical Staff — Clinicians, nurses, corpsmen, medical assistants and/or receptionists who represent both the locations and tasks affected by the guideline need to be team members.

(4) CHCS/Data Systems Staff— This individual may be an *ad hoc* member to help with CHCS SF600 modification or development of local guideline implementation metrics.

c. Identifying and Managing Patients — Highlighted PDH Guideline steps with page references taken from the guideline follow below. The PDH Guideline and toolkit can be accessed at http://www.pdhealth.mil/cliniciansfPDHEMJToolKitlframeset.htm.

(1) Ask all beneficiaries, including non-active duty beneficiaries (Page 4), presenting to a primary care area "Is your problem today related to a deployment?" This question may be deferred for weliness visits (Page 4). A deployment-related health concern identified on DD Form 2796 (ref. (c)) is to be managed using the PDH Guideline.

(2) Deployment is defined as "any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command, or duty that is different from the military member's normal duty assignment". "This guideline also applies to family members' health concerns that relate to deployment." (Page 1)

(3) Use of DD2844T and Standard Health Assessment Tools (Pages Cl —C 14) are optional for patients identified to have a post-deployment related health concern (Pages 6 and 28).

(4) Promote trust at the earliest opportunity (Page 8).

(5) Research deployment issues using www.pdhealth.mil (Page 9).

(6) Determine if the concern is an asymptomatic concern, a recognized medical condition or a medically unexplained condition. (Pages 10, 12, 14, and 16).

(7) Provide follow up, including 30 mm appt. in 2-4 weeks if indicated (Page 14).

(8) Validate patient's concerns and provide risk communication (Pages 12-13).

(9) Perform additional ancillary studies as indicated (Pages 20-22).

(10) Identify patients with a well-defined diagnosis or localized symptoms — note: This does not include syndromes of medically unexplained symptoms (Pages 22-24).

(11) CDC's definition for Medically Unexplained Symptoms or Chronic Multisymptom Illness is used in this guideline (Page 24). Provide supportive, optimistic and sensitive care for patients with these conditions (Pages 25-26) and obtain consultation with DHCC if needed (Pages 30-31).

d. Coding — Code each visit with a deployment related concern with at least two ICD-9 codes — a primary visit code (or codes) and a secondary code. Appropriate and consistent use of the secondary code is critical. The "deployment-related" V code is the primary way post-deployment healthcare will be tracked in DoD.

(1) The primary visit code will be the chief complaint according to standard coding practice. Primary codes that may also pertain to this guideline may include *V65.5* for a patient with an *asymptomatic concern* and 799.8 for a patient with *medically unexplained physical symptoms.*

(2) The secondary code to be used when a patient reports a deployment related health concern is V70.5_ 6, for *deployment-related visit.* This secondary V code with inserted spacing is unique to DoD and will be used to maintain a registry of patients with deployment-related concerns. V70.5_6 is to be used for patients with deployment-related health concerns only. To ensure adequate tracking, use the *V70.5_* 6 secondary code for all subsequent visits related to the deployment-related problem, including specialty care visits, until the problem is resolved.

e. CHCS — Essentially all SF 600s in primary care areas will need to be stamped with the statement "Deployment related? YIN/Maybe") A stamp is provided in each toolkit, Many commands will want to automate this by modifying their CHCS SF600 to include this statement. Instructions for modifying the SF600 are available at the PDH online toolkit under the "Process Re-Engineering" heading. Contact Ms. Ellen Bergstrom at 270-304-9558 or bergstrome@saic.com for further technical assistance.

f. Educating Staff — Clinical and support staff need to be aware of the procedures for identifying and managing patients with deployment-related health concerns. Clinicians should be familiar with the guideline, risk communication and coding procedures. Some commands will have specific issues for risk communication in addition to post-deployment health concerns. Clinic staff should be familiar with the guideline's algorithms and forms supporting appropriate documentation as well as the procedures for screening, follow-up and post-visit patient education. The PDH program and guideline should be part of the initial orientation and annual refresher training. Sample briefs are available at PDH online toolkit under the provider and ancillary material sections.

g. Measuring Implementation

(1) Internal audit — An audit form for the PDH Guideline is available in the toolkit and should be incorporated into existing performance improvement processes.

EachMTF should submit the name, email address and phone number of their PDH guideline POC to Mr. Steve Heaston at heastons@nehc.med.navy.mil or 757-953-0962 NLT 15 Mar2003.

"Maybe" responses that cannot be clarified by ancillary staff using the PDH Health Concern Information card will be clarified by clinical staff during that day's visit or a specified follow-up visit.

(2) External audit — The National Quality Management Program administered by the TRICARE Management Authority completed an audit assessing implementation of the PDH Guideline in Fall 2002. The audit used chart review to determine if clinics were asking the deployment-specific screening question and were following up positive responses. The next study in 2003 will assess the same items, but will also address coding, adequacy of follow-up and patient and clinician satisfaction.

h. Points of Contact - Contact Mr. Steve Heaston for questions regarding this guideline at heastons@nehc.med.navy.mil or *757-953-0962.*